

Exhibit A

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

THE BLACK BAR HAS 7 (SEVEN) WHOLETS IN ALL, 4 (FOUR) IN THE

U.S. DEPT. OF AGRICULTURE, WASHINGTON, D.C.

1. NAME OF DECEDENT - FIRST (LAST) OSCAR		2. MIDDLE VASQUEZ LOPEZ		3. LAST PREFIX 10F2	
4. DATE OF BIRTH (month/day/year) 03/04/1979		5. AGE Yrs 44		6. SEX M	
7. BIRTH STATE/FOREIGN COUNTRY GUATEMALA		8. MARITAL STATUS at time of death NEVER MARRIED		9. DATE OF DEATH (month/day/year) 10/07/2023	
10. EDUCATION - highest level attained (see instruction on back) 04		11. EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. DECEASED'S RACE - Use in 3. Space may be listed (see instruction on back) OTHER HISPANIC	
13. USUAL OCCUPATION - State of work for most of life. DO NOT USE RETIRED CONSTRUCTION WORKER		14. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, hotel, construction, employment agency, etc.) CONSTRUCTION		15. YEARS IN OCCUPATION 4	
16. DECEDENT'S RESIDENCE (Street and number, or location) 2036 E. WHITING AVE. APT. 5					
17. CITY FULLERTON		18. COUNTY/PROVINCE ORANGE		19. ZIP CODE 92831	
20. STATE/FOREIGN COUNTRY CA		21. INFORMANT'S NAME, RELATIONSHIP NELSON GUDIEL VASQUEZ VELASQUEZ, SON			
22. INFORMANT'S ADDRESS (Street and number, or location, or care of) 2036 E. WHITING AVE. APT. 5, FULLERTON, CA 92831		23. NAME OF SURVIVING SPOUSE/STEP-Parent -			
24. NAME OF FATHER/STEP-FATHER ANGEL		25. NAME OF MOTHER/STEP-MOTHER MICAELA		26. LAST BIRTH NAME VASQUEZ	
27. LAST BIRTH NAME LOPEZ		28. BIRTH DATE GUATEMALA		29. BIRTH DATE GUATEMALA	
30. DISPOSITION DATE (month/day/year) 10/29/2023		31. PLACE OF FINAL DISPOSITION CEMENTERIO GENERAL MUNICIPIO LAS CRUCES, DEPARTAMENTO DE PETEN, GUATEMALA 17000			
32. TYPE OF DISPOSITION TRANSIT/BURIAL		33. SIGNATURE OF EMBALMER MICHAEL LEONARD PADILLA		34. LICENSE NUMBER EMB9025	
35. NAME OF FUNERAL ESTABLISHMENT FUNERARIA LATINO-AMERICANA		36. LICENSE NUMBER FD1412		37. SIGNATURE OF LEGAL REGISTRAR MUNTU DAVIS MO	
38. DATE (month/day/year) 10/13/2023		39. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other <input checked="" type="checkbox"/> Other			
40. PLACE OF DEATH PARKING LOT		41. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Out <input type="checkbox"/> Out		42. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other <input checked="" type="checkbox"/> Other	
43. COUNTY LOS ANGELES		44. FACILITY ADDRESS (Street and number, or location) 21051 SHERMAN WAY		45. CITY LOS ANGELES	
46. CAUSE OF DEATH (Enter the chain of events - diseases, injuries or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator failure without specifying the strategy. DO NOT abbreviate.) SHOTGUN WOUND OF NECK AND SHOULDER		47. TIME OF DEATH (month/day/year) 2023-13617		48. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
49. CAUSE OF DEATH (Final disease or condition resulting in death) SHOTGUN WOUND OF NECK AND SHOULDER		50. CAUSE OF DEATH (Underlying cause of death) SHOTGUN WOUND OF NECK AND SHOULDER		51. CAUSE OF DEATH (Immediate cause of death) SHOTGUN WOUND OF NECK AND SHOULDER	
52. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Section 107) NONE		53. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 52 OR 107? (If yes, list type of operation and date) NO		54. DECEDENT PRESENT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
55. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Related Since: _____ Decedent Last Seen Alive: _____		56. SIGNATURE AND TITLE OF CERTIFIER EVONNE R-JACKSON		57. LICENSE NUMBER 10/07/2023	
58. TYPE OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		59. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		60. PLURALITY DATE (month/day/year) 10/07/2023	
61. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) OTHER: PARKING LOT		62. HOW INJURY OCCURRED (If events which resulted in injury) SHOT BY OTHER		63. LOCATION OF INJURY (Street and number, or location, and city and state) 21051 SHERMAN WAY, LOS ANGELES, CA 91303	
64. SIGNATURE OF CORONER, DEPUTY CORONER EVONNE R-JACKSON		65. DATE (month/day/year) 10/12/2023		66. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER EVONNE R-JACKSON, DEP CORONER	
67. STATE REGISTRAR A B C D E		68. FAX AUTHA 10F2		69. CENSUS TRACT 10F2	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Health Officer and Registrar

DATE ISSUED _____

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY INFORMATION OR EVIDENCE YOU HAVE